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CONFIRMATION NO. 5999

SERIAL NUMBER 10/043,659	FILING DATE 01/08/2002 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 005699-512
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** CONTINUING DATA *****

This appln claims benefit of 60/260,469 01/08/2001 *SH*

** FOREIGN APPLICATIONS *****

None SH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/04/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Use of aryl nitron compounds in methods for treating neuropathic pain

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 570</p>		<p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit _____</p>
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